

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4						
5		4				
6		4				
7		4				
8	1					
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10	1					
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12	1					
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49						
50						

TOTAL IND.

1

TOTAL DEP.

21

TOTAL CLAIMS

22

TOTAL IND.

1

TOTAL DEP.

21

TOTAL CLAIMS

22